VILLAGE OF EMBARRASS

| CLINTONVILLE 54929 Phone: (715) 823-3135 | 5 | Ownershi p: | Corporati on |
|---|-----|-----------------------------------|--------------|
| Operated from 1/1 To 12/31 Days of Operation: | 365 | Highest Level License: | Skilled |
| Operate in Conjunction with Hospital? | No | Operate in Conjunction with CBRF? | No |
| Number of Beds Set Up and Staffed (12/31/01): | 79 | Title 18 (Medicare) Certified? | Yes |
| Total Licensed Bed Capacity (12/31/01): | 81 | Title 19 (Medicaid) Certified? | Yes |
| Number of Residents on 12/31/01: | 72 | Average Daily Census: | 67 |

| Services Provided to Non-Residents | ١ | Age, Sex, and Primary Diagn | osis of | Residents (12/31) | /01) | Length of Stay (12/31/01) | % |
|------------------------------------|------|------------------------------|---------|-------------------|-------|---------------------------|----------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | 45. 8 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | 30. 6 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 4. 2 | Under 65 | 5.6 | More Than 4 Years | 23. 6 |
| Day Services | No | Mental Illness (Org./Psy) | 43. 1 | 65 - 74 | 13. 9 | | |
| Respite Care | Yes | Mental Illness (Other) | 20. 8 | 75 - 84 | 23. 6 | | 100. 0 |
| Adult Day Care | Yes | Alcohol & Other Drug Abuse | 0. 0 | 85 - 94 | 48. 6 | ********* | ***** |
| Adult Day Health Care | Yes | Para-, Quadra-, Hemi plegi c | 0. 0 | 95 & 0ver | 8. 3 | Full-Time Equivalen | t |
| Congregate Meals | No | Cancer | 1.4 | ĺ | | Nursing Staff per 100 Re | si dents |
| Home Delivered Meals | No i | Fractures | 1.4 | | 100.0 | (12/31/01) | |
| Other Meals | No | Cardi ovascul ar | 16. 7 | 65 & 0ver | 94. 4 | | |
| Transportati on | No | Cerebrovascul ar | 5. 6 | | | RNs | 6. 6 |
| Referral Service | No | Di abetes | 0. 0 | Sex | % j | LPNs | 2. 1 |
| Other Services | Yes | Respi ratory | 1.4 | | | Nursing Assistants, | |
| Provi de Day Programming for | į | Other Medical Conditions | 5. 6 | Male | 36. 1 | Aides, & Orderlies | 35. 9 |
| Mentally Ill | No | | | Female | 63. 9 | | |
| Provi de Day Programming for | i | | 100.0 | | j | | |
| Developmentally Disabled | No | | **** | , | 100.0 | | *** |

Method of Reimbursement

| | | Medicare Title 18 | | | edicaid itle 19 | | | 0ther | | | Pri vate Pay | • | | amily Care | | | anaged Care | | | |
|---------------------|------|----------------------|----------------------|-----------|--------------------|----------------------|-----|-------|----------------------|-----|-----------------|----------------------|-----|---------------|----------------------|-----|----------------|----------------------|--------------------------|------------------|
| Level of Care | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | Total Resi - dents | % Of s All |
| Int. Skilled Care | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Skilled Care | 2 | 100.0 | 307 | 50 | 89. 3 | 81 | 0 | 0.0 | 0 | 14 | 100.0 | 124 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 66 | 91. 7 |
| Intermedi ate | | | | 6 | 10. 7 | 68 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 6 | 8. 3 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0. 0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Di sabl ed | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depender | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 2 | 100.0 | | 56 | 100.0 | | 0 | 0.0 | | 14 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 72 | 100. 0 |

PINE MANOR HEALTH CARE CENTER

| Deaths During Reporting Period | l | | | | | | |
|--------------------------------|-------|----------------------|--------------|--------------|------------------|------------------------|------------|
| | | | 0.4 | | % Needi ng | 0. m . 11 | Total |
| Percent Admissions from: | | Activities of | _ % | | sistance of | 3 | Number of |
| Private Home/No Home Health | 13. 8 | Daily Living (ADL) | Independent | 0ne | Or Two Staff | 1 | Resi dents |
| Private Home/With Home Health | 6. 2 | Bathi ng | 1.4 | | 75. 0 | 23. 6 | 72 |
| Other Nursing Homes | 33. 8 | Dressing | 12. 5 | | 65 . 3 | 22. 2 | 72 |
| Acute Care Hospitals | 40. 0 | Transferring | 33. 3 | | 47. 2 | 19. 4 | 72 |
| Psych. HospMR/DD Facilities | 0.0 | Toilet Use | 20. 8 | | 58 . 3 | 20. 8 | 72 |
| Rehabilitation Hospitals | 0.0 | Eating | 41. 7 | | 47. 2 | 11. 1 | 72 |
| Other Locations | 6. 2 | ******** | ****** | ***** | ****** | ******** | ********* |
| Total Number of Admissions | 65 | Conti nence | | % | Special Treatmen | ts | % |
| Percent Discharges To: | | Indwelling Or Extern | nal Catheter | 4. 2 | Receiving Resp | iratory Care | 1.4 |
| Private Home/No Home Health | 30. 2 | Occ/Freq. Incontiner | | 55. 6 | Recei vi ng Trac | | 0.0 |
| Private Home/With Home Health | 5. 7 | Occ/Freq. Incontinen | nt of Bowel | 38. 9 | Receiving Suct | i oni ng | 0.0 |
| Other Nursing Homes | 1. 9 | • | | | Receiving Osto | my Care | 2. 8 |
| Acute Care Hospitals | 3. 8 | Mobility | | | Recei vi ng Tube | | 0. 0 |
| Psych. HospMR/DD Facilities | 1. 9 | Physically Restraine | ed | 18. 1 | Receiving Mech | anically Altered Diets | 41.7 |
| Rehabilitation Hospitals | 0.0 | i i | | | 8 | 3 | |
| Other Locations | 3. 8 | Skin Care | | | Other Resident C | haracteri sti cs | |
| Deaths | 52. 8 | With Pressure Sores | | 2.8 | Have Advance D | i recti ves | 100. 0 |
| Total Number of Discharges | | With Rashes | | 5. 6 | Medi cati ons | | / - |
| (Including Deaths) | 53 | | | | Receiving Psyc | hoactive Drugs | 65. 3 |

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Propri etary Peer Group Facility Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 82. 2 82. 5 1.00 86. 4 0.95 85.8 0.96 84. 6 0.97 Current Residents from In-County 62. 5 74.3 0.84 69. 6 0.90 69. 4 0.90 77. 0 0.81 Admissions from In-County, Still Residing 36.9 19.8 1.86 19. 9 1.86 23. 1 1.60 20.8 1.77 Admissions/Average Daily Census 97.0 148. 2 0.65 133. 4 0.73 105.6 0.92 128. 9 0.75 Discharges/Average Daily Census 79. 1 146.6 0.54 132. 0 0.60 105. 9 0.75 130. 0 0.61 Discharges To Private Residence/Average Daily Census 28. 4 58. 2 0.49 49. 7 0.57 38. 5 0.74 52.8 0.54 Residents Receiving Skilled Care 91.7 92.6 0.99 90.0 1.02 89. 9 1.02 85. 3 1.07 Residents Aged 65 and Older 94. 4 95. 1 0.99 94. 7 1.00 93. 3 87. 5 1.01 1.08 Title 19 (Medicaid) Funded Residents 77.8 66. 0 1.18 68.8 1. 13 69.9 68. 7 1. 11 1. 13 Private Pay Funded Residents 22. 2 23.6 0.82 22.2 22. 0 19. 4 0.88 0.88 0.88 Developmentally Disabled Residents 4. 2 0.8 5. 55 1.0 4.02 0.8 7. 6 0. 55 5. 55 Mentally Ill Residents 63. 9 31.4 2.04 36. 3 1. 76 38. 5 1.66 33. 8 1. 89 General Medical Service Residents 5. 6 23.8 0.23 21. 1 0. 26 21. 2 0. 26 19. 4 0. 29 49.3 Impaired ADL (Mean) 48.9 46. 9 1.04 47. 1 1.04 46. 4 1.05 0.99 Psychological Problems 65. 3 47. 2 1.38 49. 5 1. 32 52.6 1.24 51. 9 1. 26 Nursing Care Required (Mean) 1.02 0.92 6.8 6. 7 6. 7 1. 00 7.4 0.91 7. 3